

MERCED UNION HIGH SCHOOL DISTRICT - ATHLETIC PARTICIPATION FORM (APF 2023-2024)

(Complete and Return to your SBO)

Student Name: _____ 6 Digit ID #: _____

Have you created an Athletic Clearance account?

Student's Grade for 2023-2024 school year: _____ Yes / No (see Reverse for instructions)

Circle the Sports you Intend to Play: _____ Phone Number: _____

Table with 3 columns: Fall, Winter, Spring. Lists various sports like Girls / Boys Cross Country, Football, Girls Golf, etc.

Parental Permission, Hold harmless, Warning, Insurance Guarantee, Consent Statements:

I, _____ (Print Parent's/Guardian's names), as parents/legal guardians of _____ (Print Student's name) will arrange to have him/her examined by

*** _____ (Name of MD/DO/PA/NP). I (we) do hereby release and agree to indemnify, defend and hold harmless the Merced Union High School District, its officers, agents and employees from any claims, demands or suits of personal injury, illness or death which the student named above may suffer as a result of his/her participation in the interscholastic sports programs at any District school, where such personal injury, illness or death results, or allegedly results, in whole or part from the above referenced student having been either examined by the medical practitioner named above as a prerequisite for participating in interscholastic sports.

WARNING: Participation in athletics may result in severe injury, including paralysis and death. Changes in rules, improved conditioning programs, better medical coverage and improvements in equipment have reduced these risks but it is impossible to totally eliminate such occurrences in athletics. Players can reduce the chance of injury by obeying all safety rules in their sport, reporting all physical problems to their coach, following a proper conditioning program and inspecting their equipment daily.

Even if all of these requirements are met, and even if the athlete is using excellent protective equipment, a serious accident may still occur. As a condition of participation in athletics we acknowledge that we have read and understand this warning statement and that we hereby assume all of the above risks and, except in the case of gross negligence, will hold the District, its Officers, Agents, and Employees, harmless from any and all liability, actions, debts, claims, and demands of every kind and nature whatsoever which may arise out of or in connection with the Student's participation in athletics.

I hereby guarantee to keep medical insurance coverage in force which meets or exceeds legal requirements for the entire duration that my son/daughter participates in athletics, including but not limited to the payment of premiums, deductibles, and co-pays. I understand that we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment services provided by the attending physician for my child/ward, including all charges not covered by insurance.

I hereby give my consent for my son/daughter to compete in all athletics during the current school year and the following summer, if applicable. I hereby give my consent for my son/daughter to travel with a representative of the school district on interscholastic athletic trips. In the event this student is injured, the school district official is hereby granted permission to administer first aid and to secure medical and/or surgical treatment.

I / We have read and understand, and agreed to all terms and conditions of this document.

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Medical Examination Statement: (All students participating in athletics must have an annual physical examination)

I hereby certify that the above named student was examined by me and was found to be physically fit to engage in sports.

Physician Signature: _____ Designation: _____ Date: _____

Medical Doctor, Doctor of Osteopathy, or Physician's Assistant, and Nurse Practitioner ONLY - No Chiropractors

- See Reverse Side or Below for instructions on creating a www.athleticclearance.com profile

MUHSD ATHLETIC CLEARANCE PROCESS

The Merced Union High School District has partnered with Athletic Clearance, which is an online platform that will be used to clear ALL students for athletic participation. All students must be cleared by the school's athletic department to participate in athletics in the MUHSD.

All of the information will be digital with the exception of page 1 of the current MUHSD Athletic Participation Form (APF). Page 1 will require wet signatures from the parent, the student, and the doctor clearing the student-athlete for athletic participation.

Hard copies of the MUHSD Athletic Participation Form are available in the main office or SBO of each school site, the Athletics webpage, and also online at:

<https://www.muhsd.org/departments/human-resources/risk-management/athletic-forms-and-links>

The Process

Parents and students will log onto homecampus.com/login and create an account. Remember the login email and password as the account can be updated year to year. You will input all of your student's information and update it from year to year. Please indicate all sports your student will be participating in for the summer and school year (end of the process). Student's 6-digit high school ID numbers will be needed within the account.

Once all of the information has been entered into homecampus.com/login the parent/student will receive a "Confirmation Message" confirming that their account has been completed with Athletic Clearance. This "Confirmation Message" should be printed or a screenshot taken. Present the "Confirmation Message" with a hard copy of the signed MUHSD Athletic Participation Form to the school's Student Body Office. Athletic office personnel will enter the expiration date of the student's current sports physical into Athletic Clearance and officially "clear" the student-athlete for athletic participation. MUHSD coaches will have access to each student's emergency contact information via the athletic clearance website and/or the phone app. **Athletic clearance will generate an email to notify the student, coaches, and parents when a physical is about to expire.**

Students WITHOUT a current Sports Physical/APF	Students WITH a current physical	Incoming 9th Graders
<p>Step 1: Complete the MUHSD Athletic Participation Form - Doctor, Parent and Student Signature is Required.</p> <p>Step 2: Log in to homecampus.com/login and create your account, students are required to complete this before participation in a sport. Select all sports you will participate in. Use your MUHSD email.</p> <p>Step 3: Bring the signed copy of the MUHSD APF with a confirmation message from Athletic Clearance, to the SBO (or email)</p> <p>Step 4: SBO office personnel will input the expiration date of the physical into a completed Athletic Clearance account and clear you for the sports you have selected</p>	<p>Step 1: Log in to homecampus.com/login and create your account, students are required to complete this before participation in a sport. Select all sports you will participate in.</p> <p>Step 2: Bring the signed copy of the MUHSD APF with a confirmation message from Athletic Clearance, to the SBO (or email)</p> <p>Step 3: SBO office personnel will input the expiration date of the physical into the completed Athletic Clearance account and clear you for the sports you have selected</p> <p style="text-align: center;"><i>Physicals are valid for 1 calendar year from when they took place</i></p>	<p>After May 1, follow the process of a student WITHOUT a current APF - physical. You will receive your high school 6 digit ID number from your current school or from your new high school's SBO. Use the MUHSD Athletic Participation Form for your sports physical and use your high school information and email account along with current parent/guardian information.</p> <p style="text-align: center;">Use the High School 6 digit ID number and email address to complete your account in Athletic Clearance</p>

Reminders: select **all sports** that you wish to participate in, include **insurance** information, **sign** all necessary areas, turn in **completed APF / Physical Form**, **NO** chiropractor physicals, only medical doctor, physician's assistant, and nurse practitioner physicals will be accepted. Remember your **password**.